FORM 4

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

hours per response... 0.5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person * | | | | | 2. I | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|--|---|-------------------|----------------------------------|----------------------|--|--|--------------------------------|--|---|---------------------|-----------------|--|---|---|---|--|--|--|
| Hoffman Da | ¦.d D | | | | CF | ED A | AR FA | IR L P | [F] | UNI | | | | (Check all app | nicable) | | | |
| Hoffman David R. | | | | | CEDAR FAIR L P [FUN] | | | | | | | | Director | Director 10% Owner | | | | |
| (Last) (First) (Middle) | | | | 3. I | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | X Officer (give title below) Other (specify below) | | | | | | |
| | | | | | | 1 | | | | | | | | Senior VP & CAO | | | | |
| ONE CEDAR POINT DRIVE | | | | | | 2/26/2024 | | | | | | | | Schiol vi & | Schiol vi & Crio | | | |
| (Street) | | | | | 4. I | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| SANDUSKY, OH 44870 | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | <u> </u> | | | | | | Form filed by More than One Reporting Person | | | | | | |
| 1. Title of Security | | | | I - Non 2. Trans. | Date | 2A. I | Deemed | 3. Trans. C | • | 4. Secu | rities Acq | uired (A | (1 | neficially Owne | ies Benefici | | 6. | 7. Nature |
| (Instr. 3) | | | | | Execution Date, if any | | (Instr. 8) | 1 | or Disposed of (D) (Instr. 3, 4 and 5) | | | | (Instr. 3 and 4) Form | | | Ownership Form: Direct (D) or Indirect | | |
| | | | | | | | | Code | V | Amou | (A) or (D) | Pric | e | | | | (I) (Instr. 4) | (msu. 1) |
| Units of Limited Partner Interest 2/26/202 | | | | 024 | | | F | | 1,268 | 1). D | \$39. | 24 | | | 50,925 | D | | |
| Units of Limited Partner Interest 2/26/202 | | | | 024 | | | A | | 3,28 | 0 A | : | \$0 | | | 54,205 | D | | |
| Units of Limited Partner Interest 2/26/202 | | | | 024 | | | F | | 1,461 | 2). D | \$39. | 24 | | | 52,744 | D | | |
| | Tab | le II - Der | ivative | Secur | ities l | Bene | eficially | Owned | (e.g., | puts, | calls, w | arran | ts, c | options, conver | tible secu | ırities) | • | |
| 1. Title of Derivate Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | 3. Trans. Date | 3A. Dee Execution Date, if | on (In | Trans. | Code | Derivati Acquire Dispose | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | and Expiration Date | | | rities vativo : 3 a | nd Amount of s Underlying e Security nd 4) | 8. Price of Derivative Security (Instr. 5) | Securities Beneficially Owned Following Reported | Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | (| Code | V | (A) | (D) | Dat Exe | ercisable | Expiration Date | n Title | Sha | nount or Number of ares | | Transaction(s) (Instr. 4) | (I) (Instr. 4) | |

Explanation of Responses:

- (1) Units were withheld to satisfy tax liability in connection with vesting of restricted units.
- (2) Units were withheld to satisfy tax liability in connection with vesting of performance units.

Reporting Owners

| D .: 0 N /A11 | Relationships | | | | | | | |
|--------------------------------|---------------|-----------|-----------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Hoffman David R. | | | | | | | | |
| ONE CEDAR POINT DRIVE | | | Senior VP & CAO | | | | | |
| SANDUSKY, OH 44870 | | | | | | | | |

Signatures

| /s/ David R. Hoffman | 2/28/2024 | | |
|---------------------------------|-----------|--|--|
| **Signature of Reporting Person | Date | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.